.t. 39.

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

am the origina patent is sough Employment I specification of	post office address and citizenship are as stated below, first and sole inventor of the subject matter which the on the invention entitled Internet Based System of History Verification for the Creation of a Human Cap of which [X] is attached hereto or [] was filed on amended on (if applicable).	is claimed and for which a <u>f Employment Referencing and</u> <u>pital Database</u> , the					
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56(a). I claim foreign priority benefits under Title 35, United States Code, section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
Prior Foreign	Application(s):	PRIORITY					
COUNTRY n.a.	APPLICATION NUMBER DATE OF FILING	UNDER 35 U.S.C.119 Yes [] No []					

I claim the benefit under Title 35, United States Code, section 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPL. SERIAL NO. DATE OF FILING

60/422,969 . 01 November 2002 []Patented [X]Pending []Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office therewith:

Larry D. Johnson (Registration Number 31,528)

Craig M. Stainbrook (Registration Number 45,126) 3550 Round Barn Blvd., Suite 203

Santa Rosa, CA 95403

Telephone: (707) 578-9333

Address:

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FULL NAME OF INVENTOR:	Rosen Last Name		Les First Na	ıme	Middle Name or Initial		
RESIDENCE & CITIZENSHIP:	Novato City	CA State or Coun	try	Countr	U.S.A. y of Citizenship		
POST OFFICE ADDRESS:	1620 Grant A Address	Ave., Novato CA		ate or Country	Zip Code		
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
Date:							
Signature of Inventor							